

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: University of Richmond

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 28 Westhampton Way, Richmond, VA 23173

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Ellen J. Waite-Franzen

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
Jepson Hall, G-12, University of Richmond, Richmond VA 23173

Telephone Number of Designated Agent: 804-289-8652

Facsimile Number of Designated Agent: 804-289-8988

Email Address of Designated Agent: ewaite@richmond.edu

**_____
Signature of Agent or Representative of the Designating Service Provider:**

Date: 12/13/99

Typed or Printed Name and Title: Ellen J. Waite-Franzen, Vice President for Information Serv

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

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